

County: Brown
ODD FELLOW HOME

Facility ID: 6730

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1229 SOUTH JACKSON STREET

GREEN BAY 54301 Phone:(920) 437-6523

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/02): 82

Total Licensed Bed Capacity (12/31/02): 82

Number of Residents on 12/31/02: 75

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census:

Non-Profit Corporation

Skilled

No

Yes

Yes

76

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		52.0
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		37.3
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	1.3	More Than 4 Years		10.7
Day Services	No	Mental Illness (Org./Psy)	24.0	65 - 74	12.0			-----
Respite Care	No	Mental Illness (Other)	0.0	75 - 84	40.0			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	42.7	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	1.3	95 & Over	4.0	Full-Time Equivalent		
Congregate Meals	No	Cancer	2.7		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	20.0	65 & Over	98.7	-----		
Transportation	No	Cerebrovascular	9.3		-----	RNs		7.2
Referral Service	No	Diabetes	1.3	Sex	%	LPNs		7.9
Other Services	Yes	Respiratory	1.3	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	40.0	Male	18.7	Aides, & Orderlies		
Mentally Ill	No		-----	Female	81.3			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

Level of Care	Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total Resi- dents	% Of All
	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	7	100.0	303	44	97.8	115	0	0.0	0	23	100.0	131	0	0.0	0	0	0.0	0	74	98.7
Intermediate	---	---	---	1	2.2	95	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	1	1.3
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	7	100.0		45	100.0		0	0.0		23	100.0		0	0.0		0	0.0		75	100.0

	This Facility %	Ownership: Nonprofit Peer Group % Ratio	Bed Size: 50-99 Peer Group % Ratio	Licensure: Skilled Peer Group % Ratio	All Facilities % Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	92.7	87.5 1.06	87.1 1.06	85.3 1.09	85.1 1.09
Current Residents from In-County	57.3	79.3 0.72	81.5 0.70	81.5 0.70	76.6 0.75
Admissions from In-County, Still Residing	20.8	21.8 0.96	20.0 1.04	20.4 1.02	20.3 1.03
Admissions/Average Daily Census	157.9	124.6 1.27	152.3 1.04	146.1 1.08	133.4 1.18
Discharges/Average Daily Census	161.8	129.0 1.25	153.5 1.05	147.5 1.10	135.3 1.20
Discharges To Private Residence/Average Daily Census	68.4	50.5 1.35	67.5 1.01	63.3 1.08	56.6 1.21
Residents Receiving Skilled Care	98.7	94.7 1.04	93.1 1.06	92.4 1.07	86.3 1.14
Residents Aged 65 and Older	98.7	96.2 1.03	95.1 1.04	92.0 1.07	87.7 1.13
Title 19 (Medicaid) Funded Residents	60.0	56.7 1.06	58.7 1.02	63.6 0.94	67.5 0.89
Private Pay Funded Residents	30.7	32.8 0.94	30.0 1.02	24.0 1.28	21.0 1.46
Developmentally Disabled Residents	0.0	0.5 0.00	0.9 0.00	1.2 0.00	7.1 0.00
Mentally Ill Residents	24.0	35.5 0.68	33.0 0.73	36.2 0.66	33.3 0.72
General Medical Service Residents	40.0	23.8 1.68	23.2 1.72	22.5 1.78	20.5 1.95
Impaired ADL (Mean)	50.1	50.4 0.99	47.7 1.05	49.3 1.02	49.3 1.02
Psychological Problems	61.3	54.7 1.12	54.9 1.12	54.7 1.12	54.0 1.14
Nursing Care Required (Mean)	6.3	6.9 0.92	6.2 1.02	6.7 0.94	7.2 0.88